The Affordable Care Act

Congressman Blumenauer was proud to vote for historic health care reform legislation, the Patient Protection and Affordable Care Act. This new law will improve access, quality, and affordability of health care for all Americans, while protecting your right to choose your own doctor and health plan. New data demonstrates the benefits that the law has already provided to seniors, young adults, small businesses, and many others in the Oregon.

As a result of the law:

- Nearly 50,000 people with Medicare in Oregon received a \$250 rebate to help cover the cost of their prescription drugs when they hit the donut hole in 2010.
- Health plans are now required to allow parents to keep their children under age 26 without job-based coverage on their family coverage. As of December 2011, 43,000 young adults in Oregon gained insurance coverage as a result of the health care law.
- Since the law was enacted, Oregon residents with Medicare have saved a total of \$42,556,748 on their prescription drugs.
- In 2011, nearly 390,000 people with Medicare in Oregon received free preventive services.
- 1,356,000 Oregon residents, including 529,000 women and 342,000 children, are free from worrying about lifetime limits on coverage.
- Oregon has received \$64.7 million in grants for research, planning, information technology development, and implementation of Affordable Insurance Exchanges.
- The 196 existing community health centers in Oregon. Health centers in Oregon have received \$66.2 million to expand their capacities.

New rights, benefits, and protections under the Affordable Care Act:

Insurers Will No Longer Be Able To:

- Deny coverage to children with pre-existing conditions. Health plans cannot limit or deny benefits or deny coverage for a child younger than age 19 simply because the child has a pre-existing condition like asthma.
- Put lifetime limits on benefits. Health plans can no longer put a lifetime dollar limit on the benefits of people with costly conditions like cancer.
 - Cancel your policy without proving fraud. Health plans can't retroactively cancel insurance

coverage – often at the time you need it most - solely because you or your employer made an honest mistake on your insurance application.

- Deny claims without a chance for appeal. In new health plans, you now have the right to demand that your health plan reconsider a decision to deny payment for a test or treatment. This also includes an external appeal to an independent reviewer.

Insurance companies will also be required to spend most of your premium dollars on health care and quality improvement, instead of administrative costs, big salaries, or marketing. The new law generally requires that at least 85% of all premium dollars collected by insurance companies for large employer plans are spent on health care services and health care quality improvements. For plans sold to individuals and small employers, at least 80% of the premium must be spent on services and quality improvements. If insurance companies do not meet these goals because their administrative costs or profits are too high, they must provide rebates to consumers.

New proposed rules require many insurers in all states to publicly justify large rate increases. Under this proposed rule, rate increases of 10 percent or higher would be thoroughly reviewed to determine if the rate increase is reasonable. Insurance companies' justifications for unreasonable increases would be posted on HealthCare.gov and the insurance plan's website.

Consumers in New Health Plans Will Be Able to:

- Receive cost-free preventive services. New health plans must give you access to recommended preventive services such as screenings, vaccinations and counseling without any out-of-pocket costs to you.
- Keep young adults on a parent's plan until age 26. If your health plan covers children, you can now most likely add or keep your children, including step children or foster children, on your health insurance policy until they turn 26 years old if they don't have coverage on the job, even if they are married.
- Choose a primary care doctor, ob/gyn and pediatrician. New health plans must let you choose the primary care doctor or pediatrician you want from your health plan's provider network and let you see an OB-GYN doctor without needing a referral from another doctor.
- Use the nearest emergency room without penalty. New health plans can't require you to get prior approval before seeking emergency room services from a provider or hospital outside your plan's network and they can't require higher copayments or co-insurance for out-of-network emergency room services.

There are several reforms and benefits to Medicare as well to fix reimbursements, reduce fraud, improve preventative services, and close the "donut-hole" in prescription drug coverage for seniors.

Learn more at Healthcare.gov

Patient Choice and Empowerment:

Oregon has been a leading state in protecting patient choice in advanced care planning. Use of the Physician Orders for Life-Sustaining Treatment (POLST) form instead of advance directives began in 1995. Since then, over one million POLST forms have been distributed and are used by all hospices and over 95% of nursing homes in Oregon, becoming a standard of care.

Too often the sickest and most vulnerable patients have experiences in our complex health care system which creates unnecessary strains on both patients and caregivers. As patients and their families make treatment decisions with their medical team, we need to ensure that they are prepared, informed, and treated as full partners. There are successful models of comprehensive, patient-centered care that leads to better quality and greater patient satisfaction.

Congressman Blumenauer has supported policy proposals such as enhancing palliative care, establishing transitional care programs, allowing earlier access to hospice care and providing doctors the resources to have a conversation with their patients about advanced care planning

Neuroscience:



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